

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$36.00 for date of service 05/01/01, based on updated table submitted on 06/17/02.
- b. The request was received on 03/01/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No response noted in the dispute packet.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 06/26/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. A letter Requesting Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 02/26/02

"SINCE THE INSURANCE CARRIER DID NOT HAVE VALID REASON FOR DENIAL OF CARE WHICH WAS MEDICALLY NECESSARY, WE HEREBY REQUEST THE DIVISION TO ASSIST IN RESOLVING THIS MEDICAL DISPUTE IN FAVOR OF THE PROVIDER FOR SERVICES WHICH WERE MEDICALLY NECESSARY."
2. Respondent: No response noted in the case file.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 05/01/01.
2. The explanation of denial listed on the EOB is "GLBL-THE PROCEDURE CODE HAS BEEN REBUNDLED TO A MORE COMPREHENSIVE CODE THAT MORE ACCURATELY DESCRIBES THE ENTIRE PROCEDURE PERFORMED."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
05/01/01	95851	\$36.00	\$0.00	G	\$36.00	MFG E/M (IV)(A)(1) MGR (I)(A)(8) CPT descriptor	<p>According to the referenced Rule: "When the doctor performs a complete diagnostic service during an office visit (e.g, technical and professional component of a study), both components of the service shall be reimbursed in addition to the office visit."</p> <p>The doctor tested the right shoulder.</p> <p>The code is only considered global to 99213 when it is performed by a physical or occupational therapist.</p> <p>The documentation indicates that a doctor of Chiropractor rendered the services. Therefore, reimbursement is recommended in the amount of <b>\$36.00</b>.</p>
<b>Totals</b>		\$36.00	\$0.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$36.00</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$36.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11<sup>th</sup> day of February 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb